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**DUVALL, HENRIETTA J.** (Public Health Service), **LOCKE, BEN Z.,** and **BRILL, LEON:** *Followup study of narcotic drug addicts five years after hospitalization. Public Health Reports, Vol. 78, March 1963, pp. 185-193.*

A sample of 453 patients selected from 1,359 discharged from the Public Health Service Hospital at Lexington, Ky., between July 1952 and December 1955 were followed for 5 years. Although more than 97 percent became readdicted during the 5 years, by the fifth year after discharge, only an estimated 46 percent were readdicted, and 49 percent were abstinent, either voluntarily or involuntarily.

Dischargees over 30 years of age showed a significantly higher rate of voluntary abstinence than their younger counterparts; they also showed a significantly greater ability to remain drug free. Addiction status fluctuated, but, in general, abstinence increased with the passage of time and readdiction rates decreased. An estimated 40 percent of the sample were voluntarily abstinent at some time during the study period.

About 41 percent returned to the Public Health Service Hospitals at Lexington and Fort Worth, Tex., during the 5 years.

Social data collected during the follow-up period revealed that approximately 70 percent of the group had one or more arrests, that those under 30 had higher arrest rates than those over 30, and that two-thirds of all arrests were narcotics violations. Five years after discharge, 41 percent were unemployed. Among those with at least one period of voluntary abstinence, however, 59 percent were employed full time. Few patients received psychiatric aftercare during the followup period.

The high relapse, arrest, and unemployment rates of the treated drug addict support the views of those who advocate that systematic community aftercare be provided for such persons.

**SASLAW, MILTON S., JABLON, JAMES M.,** and **MAZZARELLA, JOHN A.:** *Prevention of initial attacks of rheumatic fever. Public Health Reports, Vol. 78, March 1963, pp. 207-221.*

The fluorescent antibody (FA) technique was investigated as a means of rapidly identifying group A streptococci in throat cultures of a random sample of elementary school children in Dade County, Fla. Correlation between FA and conventional bacteriological techniques was more than 90 percent in 735 samples tested.

The FA technique identified more group A organisms than the conventional procedure. Also, FA results were available within 24 hours, while conventional procedures often required 5 or more days to establish the group specificity. Prompt recognition of group A streptococci by the FA method permitted report-

ing results of throat cultures to parents and physicians within 24 hours, while the children were still ill.

Adequate treatment was administered to all of the subjects who were notified early. But when reporting of bacterial findings depended on conventional cultural methods, only 45 percent of the children with positive cultures received treatment.

The project demonstrated that overt illness probably will be treated in children whose throats yield group A organisms if notification is prompt. By early and adequate treatment, the incidence of rheumatic fever episodes should decline significantly.

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**REDYS, JOHN J.** (Connecticut State Department of Health), **PARZICK, ARLINE B.**, and **BORMAN, EARLE K.:** *Detection of group A streptococci in throat cultures by immunofluorescence. Development and application of a specific reagent. Public Health Reports, Vol. 78, March 1963, pp. 222-226.*

A specific fluorescent antibody reagent for group A streptococci and labor-saving techniques for processing large numbers of throat cultures for the presence of these organisms have been developed by the laboratory division of the Connecticut State Department of Health.

Specificity of fluorescein-labeled group A conjugate is achieved by appropriate sorption and addition of unlabeled serum to inhibit nonspecific staining of groups C and G streptococci and of staphylococci. Parallel culture of throat swabs on blood

agar and in broth permits use of the blood agar plate as a screening device to reduce the burden of microscopic examinations of broth cultures.

Use of the fluorescent antibody reagent in a one-step inhibition technique has resulted in bright and distinct fluorescent antibody staining of group A streptococci without interference from other streptococcal groups or staphylococci, when present. Sensitivity and specificity of the reagent have been routinely evidenced.

**NORMAN, LOIS** (Public Health Service), and **KAGAN, IRVING G.:** *Bentonite, latex, and cholesterol flocculation tests for the diagnosis of trichinosis. Public Health Reports, Vol. 78, March 1963, pp. 227-232.*

The bentonite flocculation test used for the diagnosis of trichinosis at the Communicable Disease Center, Public Health Service, was compared with latex tests employing two commercially available antigens and a flocculation test with a cholesterol-lecithin antigen, also commercially available.

All the tests were easy to perform and to read.

Results obtained on serums from patients with known diseases and on

serums submitted for diagnosis of trichinosis showed that the latex test with either antigen was about equal in specificity to the bentonite test and only a little less sensitive. The cholesterol flocculation test gave more positive reactions than the BFT.

These evaluations indicate that a latex-trichina test can be used satisfactorily in laboratories receiving only occasional serums for diagnosis.

**EDWARDS, PHYLLIS Q.** (Public Health Service), and **PALMER, CARROLL E.:** *Nationwide histoplasmin sensitivity and histoplasma infection. Public Health Reports, Vol. 78, March 1963, pp. 241-259.*

Histoplasmin skin tests were given to 306,000 Navy recruits during 1958-61 to study the prevalence of histoplasmin sensitivity and histoplasma infection in the United States. The men were between 17-21 years old, white, and lifelong residents of the conterminous United States. Skin test results are presented separately for the 212,000 men classified as lifetime residents of a single State and the 94,000 who had lived in more than one State.

State-to-State variations in the frequency of reactions of 4 mm. or more range from 71.5 percent among lifetime residents of Kentucky to 0.7 percent in Rhode Island. Such figures provide an index of the prevalence of histoplasmin sensitivity, but not necessarily of infection with *Histoplasma capsulatum*, since

cross-reactions, caused by infections with other agents, occur in some regions.

Frequency distributions of the sizes of reactions to histoplasmin in different parts of the country show how, in some regions, the distributions of "not negative" or "significant" reactions, regardless of their frequency in the total group, approximate normal curves with similar means and standard deviations. For other regions, normal curves with the same parameters can be fitted to only part of the observed distributions, leaving a relative excess of small reactions, which are believed to represent cross-sensitization. While infection with *Coccidioides* may account for many of the cross-reactions in the southwest, unknown agents appear to be responsible in other parts of the country.

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